

	A	B	C	D
1		2002 Audiology Fee Schedule		
2		Coverage <u>only</u> for KY Medicaid recipients under age 21		
3				
4	Procedure Code	Procedure Name	Procedure Rate	Comments
5	V5000	BASIC AUDIOLOGIC ASSESSMENT - HEARING AS	\$19.50	
6	V5010	ASSESSMENT FOR HEARING AID	\$26.00	
7	V5020	CONFORMITY EVALUATION	\$9.75	UP TO 3 VISITS WITHIN 6 MO PERIOD
8	V5030	BODY-WORN HEARING AID AIR	\$400.00	
9	V5040	BODY-WORN HEARING AID BONE	\$400.00	
10	V5050	HEARING AID MONAURAL IN EAR	\$400.00	
11	V5060	BEHIND EAR HEARING AID	\$400.00	
12	V5090	HEARING AID DISPENSING FEE	\$75.00	
13	V5160	DISPENSING FEE, BINAURAL	\$100.00	
14	V5170	WITHIN EAR CROS HEARING AID	\$400.00	
15	V5180	BEHIND EAR CROS HEARING AID	\$400.00	
16	V5210	IN EAR BICROS HEARING AID	\$400.00	
17	V5220	BEHIND EAR BICROS HEARING AI	\$400.00	
18	W0030	SIX-MONTH CHECK-UP	\$5.00	
19	W0073	EARMOLD	\$15.00	TO BE BILLED ONLY WITH V5030, V5040, V5050, V5060, V5170, V5180, V5210, AND V5220
20	W0074	BATTERY		TO BE BILLED ONLY WITH V5030, V5040, V5050, V5060, V5170, V5180, V5210, AND V5220
21	W0075	ADAP HEARING AID WITH BONE OSCILLATOR/HEADBAND	\$60.00	TO BE BILLED ONLY WITH V5030, V5040, V5060, V5170, V5180, V5210, AND V5220
22	W0080	PROF FEE-REPLACE CORD-AID	\$1.50	
23	W0090	PROF FEE-REPAIR OF AID	\$15.00	
24	W3051	REPLACE CORD-COST OF MATERIALS	\$20.00	
25	W3052	REPAIR AID-COST OF MATERIALS	\$100.00	